



ISSN: 0975-833X

Available online at <http://www.journalera.com>

International Journal of Current Research
Vol. 12, Issue, 10, pp.14347-14351, October, 2020

DOI: <https://doi.org/10.24941/ijcr.39937.10.2020>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

RESEARCH ARTICLE

A STUDY ON PERCEIVED STRESS AND BRUXISM AMONG UNIVERSITY STUDENTS

¹Aaquib Hussain, ²Gazalla Altaf, ³Prashant Pareek, ⁴Deepali Bisht and ⁵Sakshi Panghal

¹Department of Oral and Maxillofacial Facial Surgery, Sudha Rustagi College of Dental Sciences and Research, Faridabad, Haryana, India

²Department of Pedodontics and Preventive Dentistry, Sudha Rustagi College of Dental Sciences and Research, Faridabad, Haryana, India

³ Department of Oral and Maxillofacial Facial Surgery, Sudha Rustagi College of Dental Sciences and Research, Faridabad, Haryana, India

⁴Department of Orthodontics, Sudha Rustagi College of Dental Sciences and Research, Faridabad, Haryana, India

⁵Department of Endodontics and Conservative Dentistry, Sudha Rustagi College of Dental Sciences and Research, Faridabad, Haryana, India

ARTICLE INFO

Article History:

Received 29th July, 2020
Received in revised form
17th August, 2020
Accepted 19th September, 2020
Published online 30th October, 2020

Key Words:

Perceived stress, Bruxism, University, Student health, PSS-10

ABSTRACT

Background: Many studies have shown the correlation between bruxism and stress that affects the quality of life of university students. The present study highlights this correlation in a group of university students in pulwamakashmir. **Methods:** We have investigated the prevalence of awake and asleep bruxism and its correlation with perceived stress in a group of 278 undergraduate students in IUST (Islamic university of science and technology). A self report questionnaire was constructed using a socio-demographic test, the Perceived Stress Scale (PSS) and the item n. 8 of the Fonseca Questionnaire for presence of bruxism. **Results:** The perceived stress score using PSS-10 scale was 32.2 (SD 4.6, 95% CL 31.6–32.7) for all the subjects, with significant gender difference: M = 31.2 and F = 32.9 (P = 0.0019). The prevalence for awake bruxism was 37.9% (F = 40.8%; M = 34.2%), while for sleep bruxism was 31.8% (F = 33.3%; M = 29.1%), both without significant gender difference. A positive correlation, with significant concordance and dependence, between stress score and awake bruxism was present for male students only. **Conclusions:** University students showed higher bruxism and stress levels compared to the general population, with higher stress for females, but, even if female students show higher stress, a correlation between stress and bruxism exists only for male gender. Further studies should be performed.

Copyright © 2020, Aaquib Hussain et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Aaquib Hussain, Gazalla Altaf, Prashant Pareek, Deepali Bisht and Sakshi Panghal. 2020. "A Study on perceived stress and bruxism among university students 2018", International Journal of Current Research, 12, (10), 14347-14351.

INTRODUCTION

In healthy people, masticatory muscle activities can be divided into two categories: functional (e.g. chewing, swallowing, and speaking) and parafunctional (e.g. tooth clenching and grinding, and various oral habits)¹. Tooth grinding and clenching have generally been characterized as bruxism in the literature. It is also more common among those who are better educated, and among women, especially in their reproductive years. On the other hand, stress has been increasingly considered as an initiating, predisposing and perpetuating factor for bruxism, although their implicit relationship has remained unclear²⁻⁵. Stress experiences reportedly arise from multifactorial work and life issues. University students may undergo an undue amount of stress, with negative outcomes¹ in terms of academic results and personal, emotional or health, consequences. Moreover, stress can be experienced at different time periods², not only during university life, but also before, during the transition

from undergraduate to professional level, and after, during the transition to the life work. One of the stress manifestations is bruxism, or gnashing and grinding of the teeth occurring without a functional purpose, variably frequent in the general population⁴. There has been an increase of bruxism among students in higher education, with epidemiological studies showing a prevalence rate growing from 5% in 1966 to 22% in 2002⁵, as stress prevalence showed to do in the same population⁶. Theories about the origin of bruxism⁴ have hypothesized different types of factors: peripheral, connected to teeth occlusion interferences, central, connected to neurotransmission from brain to chewing muscles and psychosocial, associated to stress. According to current literature, stress plays an important role in the pathogenesis of bruxism, and consequently bruxism, with it being a clinical symptom that could be monitored in a relatively easy way and a potentially useful indicator of stress. The number of studies on the relationship between bruxism and stress in university students has increased in recent years: the university setting,

*Corresponding author: Aaquib Hussain,

PG student, Department of Oral and Maxillofacial Surgery, Sudha Rustagi College of Dental Sciences and Research, Faridabad, Haryana, India.

with its transitional nature, commitment and challenges⁷⁻⁹, can be a time in which students can either learn to cope with it or remain unaware of its presence and become prone to its negative effects. Thus, the prevalence of bruxism, and its correlation with perceived stress in a group of IUST (Islamic university of science and technology) students was investigated.

METHODS

The study aimed to investigate: (i) the prevalence and intensity of bruxism and perceived stress in Italian university students; (ii) the correlation between bruxism and perceived stress; (iii) the presence of gender- and/or personal characteristics-related differences in correlation between bruxism and perceived stress. The participants were a sample of 278 undergraduate students, all of IUST (Islamic university of science and technology) Pulwama Kashmir. The total number of students in the Department was 1170, and our sample represented the 23.7% of all students, with an homogeneous distribution between the courses. The study protocol was evaluated for Ethical Committee approval at IUST (Islamic university of science and technology). Given its anonymity, voluntariness of participation, absence of risk or burden, sponsors, conflicts of interest and incentives for the responding subjects, no approval was considered necessary.

RESULTS

The genders were well balanced in the group, with 117 (42.7%) male subjects and the mean age for all was 23.7 years, without statistical significance between M and F. The personal characteristics are presented in Table 1, along with their frequencies for gender and P value for difference. PSS-10 showed a good reliability, with Cronbach Alpha = 0.78; the mean score was 32.2 (SD 4.6, 95% CL 31.6–32.7), while the results by gender were M = 31.2 and F = 32.9, with the latter being significantly higher ($P = 0.0019^{**}$). The prevalence of bruxism was measured considering all answers different from “never” as affirmative. The prevalence of awake bruxism (BRUX1) was 37.9% in the whole sample, with gender prevalence for F = 40.8% and M = 34.2%, without any statistically significant difference ($P = 0.082$). The prevalence of sleep bruxism (BRUX2) was 31.8% in the whole sample, with gender prevalence for F = 33.3% and M = 29.1%, without any statistically significant difference ($P = 0.369$). We investigated the differences in PSS-10 and Bruxism (BRUX1 and BRUX2) scores according to personal characteristics and gender; the results are presented in Table 2. Some statistically significant gender differences were highlighted according to the studied variables. For the “living in family” variable, the female subjects always had higher stress levels, and those living with their own family also had higher BRUX1 (awake bruxism) levels. For the “regular exercise” variable, the female subjects not taking any regular exercise showed higher stress levels, while for the “smoking” variable, the female subjects once again showed higher stress levels, the non-smokers also had higher BRUX1 levels; for the “alcohol” variable, the female subjects consuming alcohol had higher stress levels; finally, for the “drug” variable, the female subjects who had no experience with drugs showed higher stress levels.

The BRUX2 scale (sleep bruxism) showed higher levels for students living out of family, with no gender differences;

The correlation between bruxism and perceived stress was also investigated according to characteristics and gender; Kendall's analysis was used, since it measures the correlation but also shows the possible presence of a dependence between the variables; the results are presented in Table 3. The Kendall's rank analysis showed the presence of concordance between the stress and the BRUX1 (awake) scores in the male subjects for nearly all the parameters studied. The strongest concordance values, with the lowest P values and a highly significant dependence, were found for “not living with own family” as well as for the “non-smokers” subgroup. For BRUX2 (asleep) scores, only one group, namely the “no regular exercise” of M gender showed a negative correlation between stress and bruxism, with a statistical significance for Discordance and Dependence in this group.

DISCUSSION

Generally, it is possible to affirm that the higher stress levels of students compared to the general population data could be related to the commitment and challenges of their “job”, and is consistent with previous literature⁷⁻⁹. Similar results were found in a study done by J. Ahlberg et al. In addition, the finding of a higher bruxism prevalence for students in respect of the general population data appeared to be consistent with current literature. Even if there is a limited number of studies, a recent review has shown¹⁰⁻¹³ a prevalence ranging from 8 to 31.4%¹⁴; moreover, recent literature has shown levels of bruxism up to 83% in dentistry students¹⁵. The main findings will now be discussed separately, with them being: (i) the correlation between stress and bruxism in university students; (ii) the presence of a gender difference in stress for university students; (iii) the presence of a gender related correlation between stress and bruxism only in male university students.

The correlation between stress and bruxism is reported in current literature: for example, this finding was reported in a previous study on occupational stress¹⁶, and, more specifically, in university students stress can induce neuromuscular alterations in the mouth and jaw, increasing the general prevalence of temporo-mandibular disorders¹⁷. Bruxing subjects differ from healthy individuals in the presence of stress sensitivity¹³, with daytime teeth clenching (BRUX1) significantly being explained by experienced stress¹⁸, while sleep bruxism (BRUX2) is considered a sleep movement disorder of central origin¹³. In terms of studies in the specific college/university setting, an association between bruxism and stress has been shown^{5, 19-22}, and literature reports an increase in the incidence of self-reported nocturnal bruxism in college students over the last decades⁵ with recent literature reporting also very high values, as we mentioned above¹⁵. The presence of a gender difference in stress for university students is also consistent with current literature: the majority of the studies reported stress as being higher for female students^{16, 23-25}. In our study, the higher prevalence of stress for female subjects living in their own family could be explained by the higher psychological pressure and expectations, and could also plausibly be connected with the higher stress levels for female subjects who do not smoke and have not experienced drugs, according to the possible action of the former as a stress reliever and the latter as an escape from reality. Previous studies have shown that bruxism in the general population is predominant among

Table 1 Personal characteristics

Parameter	All subjects %	M %	F %	P
Living with one's family	63.1	78.6	51.5	<0.001**
Regular exercise	61.7	84.1	44.5	<0.001**
Smokes cigarettes	19.7	13.6	24.2	0.023
Consumed alcoholic beverages	36.1	39.3	33.7	NS
Experienced drugs	16.4	17.0	15.9	0.01*

NS not significant

*P < 0.05 is statistically significant; **P < 0.001 is statistically highly significant

Table 2 Mean scores for perceived stress by personal characteristics, bruxism and gender

Parameter	PSS-10 M	PSS-10 F	P	BRUX1 M	BRUX1 F	P	BRUX2 M	BRUX2 F	P
Lives with own family (M = 106; F = 138)	30.8	33.3	0.03*	1.5	1.87	0.03*	1.52	1.73	NS
Lives out of family (M = 13; F = 20)	31.3	32.6	0.03*	2.2	1.7	NS	1.91	1.93	NS
Regular exercise (M = 75; F = 69)	31.2	32.6	NS	1.62	1.77	NS	1.52	1.69	NS
No regular exercise (M = 42; F = 79)	30.7	33.2	0.02*	1.77	1.83	NS	1.51	1.72	NS
Smokes cigarettes (M = 45; F = 39)	29.3	33.2	0.04*	1.31	1.94	NS	1.5	1.92	NS
Non smoker (M = 133; F = 118)	31.5	32.8	0.01*	1.18	1.74	<0.001**	1.52	1.64	NS
Consumed alcoholics (M = 84; F = 60)	30.7	33.5	0.01*	1.73	2.09	NS	1.5	2.05	0.01*
No alcoholics (M = 52; F = 97)	31.4	32.6	NS	1.59	1.66	NS	1.57	1.5	NS
Experienced drugs (M = 36; F = 26)	30.5	32.6	NS	2.15	1.84	NS	1.75	1.8	NS
No drugs (M = 81; F = 131)	31.3	33.0	0.002**	1.54	1.80	NS	1.41	1.69	NS

PSS-10 = perceived stress score, 10-item scale

BRUX1 bruxism awake; BRUX2 sleep bruxism; NS not significant

*P < 0.05 is statistically significant; **P < 0.001 is statistically highly significant

Table 3 Correlation between bruxism and perceived stress by personal characteristics and gender, Kendall's Tau method

Parameter	PSS-10 vs. BRUX1 M	PSS-10 vs. BRUX2 M	PSS-10 vs. BRUX1 F	PSS-10 vs. BRUX2 F
Lives with own family (M = 106; F = 138)	0.17 NS	0.01 NS	0.06 NS	0.15 NS
Lives out of family (M = 13; F = 20)	0.976 Conc. 0.009** Dep. 0.001**	0.21 NS	-0.01 NS	-0.19 NS
Regular exercise (M = 75; F = 69)	0.21 Conc. 0.01* Dep. 0.03*	0.09 NS	0.08 NS	-0.15 NS
No regular exercise (M = 42; F = 79)	0.25 Conc. 0.01* Dep. 0.02*	-0.24 Disc. 0.02* Dep. 0.05*	0.02 NS	0.04 NS
Smokes cigarettes (M = 45; F = 39)	-0.09 NS	0.01 NS	-0.05 NS	-0.10 NS
Non smoker (M = 133; F = 118)	0.917 Conc. 0.004** Dep. 0.009**	-0.03 NS	0.09 NS	-0.02 NS
Consumed alcoholics (M = 84; F = 60)	0.29 Conc. 0.01* Dep. 0.02*	0.01 NS	0.16 Conc. 0.04* Dep. 0.08 NS	-0.06 NS
No alcoholics (M = 52; F = 97)	0.19 Conc. 0.03 Dep. 0.06 NS	-0.1 NS	0.15 Conc. 0.04* Dep. 0.09 NS	-0.02 NS
Experienced drugs (M = 36; F = 26)	0.17 Conc. 0.03* Dep. 0.06 NS	-0.03 NS	0.09 NS	0.03 NS
No drugs (M = 81; F = 131)	0.18 Conc. 0.02* Dep. 0.04*	-0.02 NS	0.04 NS	-0.05 NS

Tau-b value is reported, P is reported if significant

Conc concordance; Disc discordance; Dep dependence; NS not significant

*P < 0.05 is statistically significant; **P < 0.001 is statistically highly significant

females²⁶, and in students there is also a higher prevalence for females^{16, 27-30}, which we have confirmed in our study, either for BRUX1 and BRUX2, even if the gender difference was not statistically significant. The presence of a gender related correlation between stress and daytime bruxism (BRUX1) in M gender subjects could be the most innovative part of the research and may be useful to stimulate further studies. In fact, a correlation between stress and BRUX1 in the male subjects was found, with the higher values being for those living away from their families and for the non-smokers. This could be explained by the higher psychological pressure on males who have to face the challenge of university life as well as manage living on their own, while it is the opposite for females, who experience more stress when living with their own families. Being a non-smoker may play a similar role between the genders, but with different outcomes: non-smoking females have higher stress levels, but no correlation with bruxism, while non-smoking males have lower stress levels but show stress under the form of awake bruxism. On the contrary, sleep bruxism (BRUX2) did not show significant correlation with stress, in accordance with the different etiology of these two disorders. A possible explanation could be related to the pathophysiological factors⁴ modulating the bruxism: it is a multidimensional phenomenon,³¹ mainly regulated centrally³² and associated to perceived stress³³. On these bases, we hypothesized a possible cascade. It could start from the psychosocial factors, tied to stress, and then could act via central factors, tied to neurotransmission from the brain to the chewing muscles. These could transfer the burden of stress on the teeth through peripheral factors, and these could finally cause the occlusion interferences. The fact that in our study BRUX1 does correlate with stress while BRUX2 does not, may be considered a further demonstration of the etiological difference between these two conditions.

Conclusion

Notwithstanding the limitations, it is possible to affirm that university students show a higher awake bruxism and stress levels in relation to the general population, that a correlation exists between awake bruxism and stress, and that there is a gender difference for the presence of stress. It is also possible to state that the correlation between stress and awake bruxism, is gender-related, being present only in male university students.

REFERENCES

1. Glaros AG. Incidence of diurnal and nocturnal bruxism. *J Prosthet Dent* 1981;45:545-9.
2. Reding GR, Zepelin H, Robinson JE Jr, Zimmerman SO, Smith VH. Nocturnal teeth-grinding: all night psychophysiological studies. *J Dent Res* 1968;47:786-97.
3. Pingitore G, Chrobak V, Petrie J. The social and psychologic factors of bruxism. *J Prosthet Dent* 1991;65:443-6.
4. Pierce CJ, Christman K, Bennett ME, et al. Stress, anticipatory stress, and psychological measures related to sleep bruxism. *J Orofac Pain* 1995;9:51-6.
5. LeResche L. Epidemiology of temporomandibular disorders: implications for the investigation of etiologic factors. *Crit Rev Oral Biol Medical* 1997;8:291-305.
6. Marshall LL, Allison A, Nykamp D, Lankeas. Perceived stress and quality of life among doctor of pharmacy students. *Am J Pharm Educ* 2008;72(6):137-45.
7. Beck DL, Hackett MB, Srivastava R, McKim E, Rockwell B. Perceived level and sources of stress in university professional schools. *J Nurs Educ* 1997;36(4):180-6.
8. Heins M, Fahey SN, Leiden LI. Perceived stress in medical, law, and graduate students. *Acad Med* 1984;59(3):169-79.
9. Bader G, Lavigne G. Sleep bruxism; an overview of an oromandibular sleep movement disorder: review article. *Sleep Med Rev* 2000;4(1):27-43.
10. Granada S, Hicks RA. Changes in self-reported incidence of nocturnal bruxism in college students: 1966-2002. *Percept Mot Skills* 2003;97(3 Pt1):777-8.
11. Robotham D, Julian C. Stress and the higher education student: a critical review of the literature. *J Further and Higher Education* 2006;30(2):107-17.
12. Hinton JW, Rotheiler E. Stress, health and performance in university students. *Z Gesamte Hyg* 1990;36(12):634-5.
13. Reifman A, Dunkel-Schetter C. Stress, structural social support, and wellbeing in university students. *J Am Coll Health* 1990;38(6):271-7.
14. Ross SE, Niebling BC, Heckert TM. Sources of stress among college students. *Social Psychology* 1999;61(5):841-6.
15. Cohen S, Williamson G. Perceived stress in a probability sample of the United States. *The Social Psychology of Health: Claremont Symposium on Applied Social Psychology*, 1988; 31-67
16. Cohen S, Kamarak T, Mermelstein R. A global measure of perceived stress. *J Health Soc Behav* 1983;24:385-96.
17. Fonseca DMd, Bonfante G, Valle ALd, Freitas SFTd, Diagnósticopelaanamnese da disfunçãocraniomandibular. *RGO (Porto Alegre)*, 1994.42(1): p. 23-4
18. Manfredini D, Winocur E, Guarda-Nardini L, Lobbezoo F. Epidemiology of bruxism in adults: a systematic review of the literature. *J Orofac Pain* 2013;27(2):99-110.
19. Ciancaglini R, Gherlone EF, Radaelli G. The relationship of bruxism with craniofacial pain and symptoms from the masticatory
20. Quadri MF, Mahnashi A, Al Almutahhir A, Tubayqi H, Hakami A, Arishi M, Alamir A. Association of awake bruxism with khat, coffee, tobacco, and stress among jazan university students. *Int J Dent* 2015;30:2015.
21. Ahlberg J, Rantala M, Savolainen A, Suvinen T, Nissinen M, Sarna S, et al. Reported bruxism and stress experience. *Commun Dent Oral Epidemiol* 2002;30(6):405-8.
22. Akhter R, Morita M, Esaki M, Nakamura K, Kanehira T. Development of temporomandibular disorder symptoms: a 3-year cohort study of university students. *J Oral Rehabil* 2011;38(6):395-403.
23. van Selms MKA, Lobbezoo F, Wicks DJ, Hamburger HL, Naeije M. Craniomandibular pain, oral parafunctions, and psychological stress in a longitudinal case study. *J Oral Rehabil* 2004;31(8):738-45.
24. Westrup DA, Keller SR, Nellis TA, Hicks RA. Arousal and bruxism in male and female college students. *Percept Mot Skills* 1992;75(3 Pt1):796-8.
25. Hicks RA, Conti PA, Bragg HR. Increases in nocturnal bruxism among college students implicate stress. *Med Hypotheses* 1990;33(4):239-40.

21. Hicks RA, Conti PA. Changes in the incidence of nocturnal bruxism in college students: 1966–1989. *Percept Mot Skills*. 1989;69(2):481–2.
22. Hicks RA, Chancellor C. Nocturnal bruxism and type A-B behavior in college students. *Psychol Rep*. 1987;60(3 Pt 2):1211–4.
23. Mikolajczyk RT, El Ansari W, Maxwell AE. Food consumption frequency and perceived stress and depressive symptoms among students in three European countries. *Nutr J*. 2009;8:31.
24. Shah M, Hasan S, Malik S, Sreeramareddy C. Perceived stress, sources and severity of stress among medical undergraduates in a Pakistani medical school. *BMC Med Educ*. 2010;10(1):2.
25. Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students: a cross sectional study. *Med Educ*. 2005;39:594–604.
26. Shetty S, Pitti V, SatishBabu CL, Surendra Kumar GP, Deepthi BC. Bruxism: a literature review. *J Indian Prosthodont Soc*. 2010;10(3):141–8.
27. Mizutani S, Ekuni D, Tomofuji T, Azuma T, Irie K, Machida T, et al. Factors related to the formation of buccal mucosa ridging in university students. *ActaOdontol Scand*. 2014;72(1):58–63.
28. Itani O, Kaneita Y, Ikeda M, Kondo S, Yamamoto R, Osaki Y, et al. Disorders of arousal and sleep-related bruxism among Japanese adolescents: a nationwide representative survey. *Sleep Med*. 2013;14(6):532–41.
29. Kitsoulis P, Marini A, Iliou K, Galani V, Zimpis A, Kanavaros P, et al. Signs and symptoms of temporomandibular joint disorders related to the degree of mouth opening and hearing loss. *BMC Ear Nose Throat Disord*. 2011;11:5.
30. Marklund S, Haggman-Henrikson B, Wanman A. Risk factors associated with incidence and persistence of frequent headaches. *ActaOdontolScand*. 2014;72(8):788–94.
31. Lavigne GJ, Khoury S, Abe S, Yamaguchi T, Raphael K. Bruxism physiology and pathology: an overview for clinicians. *J Oral Rehabil*. 2008;35(7):476–94.
32. Lobbezoo F, Naeije M. Bruxism is mainly regulated centrally, not peripherally. *J Oral Rehabil*. 2001;28(12):1085–91.
33. Winocur E, Uziel N, Lisha T, Goldsmith C, Eli I. Self-reported Bruxism— associations with perceived stress, motivation for control, dental anxiety and gagging. *J Oral Rehabil*. 2011;38(1):3–11.
